**FEE TRANSMITTAL FOR FY 2004**

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 330.00

Complete if Known:

Application No. 09/589,621Filing Date 6/7/00First Named Inventor BiyabaniExaminer Name Caschera, A.Art Unit 2697Attorney Docket No. 04860.P2438**RECEIVED**

DEC 04 2003

Technology Center 2600

 Applicant claims small entity status. See 37 CFR 1.27.**METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order Other None **Deposit Account**Deposit Account Number : 02-2666

Deposit Account Name: _____

 The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

 Credit any overpayments. Charge any additional fees during the pendency of this application. Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. Charge fee(s) indicated below except for the filing fee.**FEE CALCULATION****1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
		Utility application filing fee	_____
		Design application filing fee	_____
		Plant filing fee	_____
		Reissue filing fee	_____
		Provisional application filing fee	_____

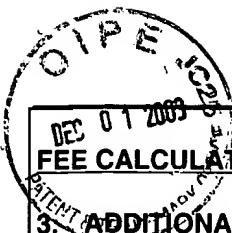
SUBTOTAL (1) \$ 0**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>- 20** =</u>	<u>X</u>	<u>=</u>
Independent Claims	<u>- 3** =</u>	<u>X</u>	<u>=</u>
Multiple Dependent		<u>=</u>	

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>
Fee	Fee	Fee
Code	(\$)	Code
1202	18	2202
		9
		Claims in excess of 20
1201	86	2201
		43
		Independent claims in excess of 3
1203	290	2203
		145
		Multiple dependent claim, if not paid
1204	86	2204
		43
		**Reissue independent claims over original patent
1205	18	2205
		9
		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 02700
AF/18



DEC 01 2003
FEE CALCULATION (continued)

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3. ADDITIONAL FEES

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Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330
		Acceptance of unintentionally delayed claim for priority	

Other fee (specify) _____

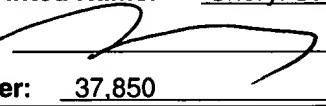
Other fee (specify) _____

SUBTOTAL (3) \$ 330.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Sheryl Sue Holloway

Signature:  Date: Nov. 26, 2003

Reg. Number: 37,850 Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450